peral uterus is large, heavy, flabby, anteverted and anteflected; that all the surrounding parts destined to support it are distended, soft, and yielding, that its interior presents one large wound bathed in a fluid rich in disintegrated tissue-elements; that the placental site is pervaded by large venous sinuses, filled with recently-formed blood-clots; that at least the vaginal orifice and often other parts of the obstetric canal present open wounds; that the process of transformation, absorption, and regeneration required at least two months; and that the retrogression is most active during the second week."

It is not necessary that the woman should lie upon her back after the first twenty-four hours, but her position might be changed to that upon either side. The liability to hemorrhage, displacement of thrombi, causing sudden death, and the occurrence of septicæmia, was regarded as sufficient reason for insisting upon rest in the horizontal position for several days at least after delivery. The vagina should be kept clean with disinfectant injections. It was with reference to rest after delivery in normal childbirth that it was desirable to reach a unanimity of opinion. Upon that point Dr. Garrigues had reached the conclusion, from the combined teachings of experience and physiology, that the woman should be kept lying quietly in bed, alternately upon the back and side, until the uterus has contracted sufficiently to be behind the symphysis, and for two months she should avoid any great exertion.

Dr. Isaac E. Taylor remarked that the views held by Dr. Goodell were substantially those entertained by Hamilton and White, and published several years ago. The important point, however, was with reference to the management of the woman after normal natural labor, and he did not agree with Dr. Goodell, because he believed that we must be guided by the nature of the case under observation: what was the woman's physiological condition? what was the condition of the uterus as regards its length, weight and position? etc.

Dr. Taylor then referred to a case in which the uterus returned to the pelvic cavity within five days after delivery, and the woman made a rapid and good recovery; but not every case progressed so favorably as that one. He kept the woman in bed until the uterus had returned to the pelvic cavity, whether it required one or four weeks. So far as rest after delivery was concerned, we must judge by the constitution of the woman. Rising within two or three days and sitting on a vessel would, doubtless, facilitate removal of clots and also the lochia; but if the woman suffered formerly a good deal from the discharge, etc., he kept her in bed three or four weeks. There could be no line drawn or rule laid down which could be made applicable to every case.

Dr. S. T. Hubbard remarked that he had found a great difference among women with reference to the time after delivery at which they could get up without injury. His rule had been to keep them in the recumbent posture, if possible, nine or ten days, and prevent them from walking for two weeks. He thought the time must be regulated by the attending physician without reference to any rule.

Dr. Tusky fully agreed with Dr. Garrigues, and also believed that an important factor in preventing the development of puerperal fever was maintaining the recumbent posture after delivery for a week or more. He referred to a case in which the woman, feeling perfectly well on the fifth day after a normal labor, arose, and puerperal fever immediately followed. Some women might get up on the first day after delivery and no harm follow; and so it occasionally occurred that a person fell from a third-story window and received no serious injury, but he regarded such as exceptional cases, and thought that no woman should rise before the eighth or ninth day after a normal labor. He also approved of injections of the cavity of the body of the uterus as recommended by Hegar, whenever the external os was patulous.

Dr. Caro remarked that we need not go to Rome to study Roman women, for they were here, and he then referred to his experience among Italian women in the city of New York, which had been that early getting up after delivery frequently destroyed the life of the woman, and was a most prolific source of all kinds of pelvic disease. He never allowed a woman to rise, if it could be prevented, before the ninth or tenth day. He regarded cleanliness as godliness, but it was a virtue which most of the Italian women discarded; and doubtless their habits in that respect contributed largely to the development of diseases among them.

Dr. Garrigues, in closing the discussion, remarked that he took it for granted that there were injuries more or less severe to the obstetric canal in every case of labor. The injury might be very slight, but it was sufficient to permit the absorption of septic material; hence the care that should be taken to keep the passages properly cleansed and the discharges properly disinfected.

The minimum time which he would keep the woman in bed was eight days, a period long enough to allow granulations to form for the repair of injury done to the tissues of the obstetric canal.—*N. Y. Medical Record.*

MANAGEMENT OF ABORTIONS.

Dr. Parvin (*The Obstetric Gazette*, July) presents his manner of meeting the difficulties of these cases. He says: suppose a case of incomplete abortion having hemorrhage which by its persistence of profuseness brings danger to the patient, or commencing offensive discharge that heralds a possible septicæmia, and then interference is imperative and must be immediate. Let the patient lie on her back, upon a hard bed, her hips brought